

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90104 035 ***158.75

DOCUMENT # P96000057374

1. Entity Name

FALLER, DAVIS FIELD SERVICES, INC.



Principal Place of Business

550 NORTH REO STREET, SUITE 301
TAMPA FL 33609-1037

Mailing Address

550 NORTH REO STREET, SUITE 301
TAMPA FL 33609-1037

2. Principal Place of Business

5525 W CYPRESS ST

3. Mailing Address

5525 W. CYPRESS ST

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33607

Country

US

Zip

33607

Country

US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2594956-59-3725589

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NANCY, FALLER R

4926 SAN RAFAEL ST

TAMPA FL 33629

7. Name and Address of New Registered Agent

Name

Nancy R. Faller Brown

Street Address (P.O. Box Number is Not Acceptable)

5525 W. Cypress St. #300

City
Tampa

FL

Zip Code
33607

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Nancy R. Faller Brown

2/28/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

☒ NEW

NAME

STREET ADDRESS

CITY - ST - ZIP

PVST
NANCY R FALLER
4926 SAN RAFAEL ST
TAMPA FL 33629

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

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NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Nancy R. Faller Brown

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy R. Faller Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03

Date

813-261-5136

Daytime Phone #

CR2E034 (10/02)